

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	MOTION TO VACATE DEFAULT JUDGMENT OF FORECLOSURE	<i>For Court Use Only</i>
Instructions ▼ Directly above, enter the name of the county where the case was filed. Enter the name of the bank or mortgage company as Plaintiff. Enter your names as Defendants. Enter the Case Number from the Complaint you received.	_____ Plaintiff <i>(Name of Bank or Mortgage Company)</i> v. _____ Defendants	_____ Case Number

Enter your full names as Defendants. You will be called "Defendants" on the rest of this form even if there is only one person using this form.

You can file this Motion by yourself or with any other Defendants listed in the Complaint you received.

In **A1**, enter the complete address of the property involved in this foreclosure case listed in the Complaint.

In **A2**, check "Yes" if you have a mortgage loan for the property involved in this foreclosure case.

In **A3**, check "Yes" if you live in the property involved in this foreclosure case.

In **A4**, check "Yes" if the property involved in this foreclosure case is a single family home or has 1 to 4 separate units where people live.

In **A5**, check "Yes" if you went to court and saw a judge in this case about the property involved in this foreclosure case.

Defendants: _____
 Your Names

A. Defendants state:

1. The address of the property involved in this foreclosure case:

Street Address, Apt #

City *State* *ZIP*

2. Defendants are the borrowers of a mortgage loan on the property involved in this foreclosure case:

☐ Yes ☐ No

3. Defendants live in the property involved in this foreclosure case and it is their main home:

☐ Yes ☐ No

4. The property involved in this foreclosure case is a single family home or has 1 to 4 residential units:

☐ Yes ☐ No

5. Defendants have already been in front of a judge about this foreclosure case::

☐ Yes ☐ No

In **A6**, enter the date the judge signed the Judgment of Foreclosure and Sale you received.

In **A7**, check (a.) OR (b.) If you check (a.), also check the reason you were not at the court hearing when the judge ordered the foreclosure of your property.

In **A8**, check "Yes" in the first part if you have applied to get your mortgage loan changed so that you can keep the property. In the second part, check the box about whether the modification is under the HAMP program.

In **A9**, check "Yes" if you have a contract to sell the property as a short sale.

6. The judge signed the order for a Judgment of Foreclosure and Sale on:

7. ☐ a. I was not at the court hearing when the judge ordered the foreclosure because:

☐ I was late to court because _____

☐ I did not make it to court because _____

☐ I did not get a notice of the court hearing because _____

☐ Other: _____

☐ b. I was at the court hearing when the judge ordered the foreclosure but:

☐ the judge did not give me extra time to answer.

☐ Other: _____

8. Defendants have a loan modification application pending:

☐ Yes ☐ No ☐ Do Not Know

It is a HAMP loan modification:

☐ Yes ☐ No ☐ Do Not Know

Under the terms of the modification, the lender is not permitted to go forward with the case at this time (attach a copy of the modification contract to this *Motion*).

☐ Yes ☐ No ☐ Do Not Know

9. Defendants have a short sale contract for the property being sold as a result of a foreclosure:

☐ Yes ☐ No ☐ Do Not Know

B. Under §2-1301 of the Illinois Code of Civil Procedure, Defendants ask the Court to:

1. Vacate the default order and judgment;
2. Allow Defendants to file their appearance;
3. Grant Defendants time to answer;
4. Award other such relief as the Court deems just and equitable; AND/OR
5. Set a date for Defendants to appear before the judge.

Defendants certify that everything on the *Motion to Vacate Default Judgment of Foreclosure* is true and correct. Defendants understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/

Defendant Signature

Defendant Printed Name

Street Address, Apt #

City

State

ZIP

Phone

Defendant Signature

Defendant Printed Name

Street Address, Apt #

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

Each Defendant on the form must sign and print their name, current addresses and phone number.

Check if you need more room and file the *Additional Defendant Signatures, Names, & Addresses* with this form.

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

CAUTION: If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court

In **c**, fill in the date and time that you sent the document.

In **2**, if you sent the document to more than 1 party or lawyer, fill in **a, b**, and **c**. Otherwise leave **2** blank.

City State ZIP Phone

Defendant Signature Defendant Printed Name

Street Address, Apt #

City State ZIP Phone

☐ Defendants have attached the *Additional Defendant Signatures, Names, & Addresses*

PROOF OF DELIVERY

1. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

b. By: ☐ Personal hand delivery
☐ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

☐ Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

☐ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

☐ Email (not through an EFM or EFSP)

☐ Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ ☐ a.m. ☐ p.m.
Time

2. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

b. By: ☐ Personal hand delivery

- ☐ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- ☐ Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

- ☐ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
☐ Email (*not through an EFM or EFSP*)
☐ Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ ☐ a.m. ☐ p.m.
Time

In 3, if you sent the document to more than 2 parties or lawyers, fill in **a**, **b**, and **c**. Otherwise leave **3** blank.

3. I sent this document:

a. To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email address: _____

- b. By: ☐ Personal hand delivery
☐ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- ☐ Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

- ☐ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
☐ Email (*not through an EFM or EFSP*)
☐ Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ ☐ a.m. ☐ p.m.
Time

If you sent your document to more than 3 parties or lawyers, check the box and file the *Additional Proof of Delivery* form with this form.

- ☐ I have attached an *Additional Proof of Delivery* form.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/

Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone